

MEDICAID REMAINING DEDUCTIBLE UPDATE INSTRUCTIONS

This form is to be completed by the county economic support worker on the same day that the worker has completed processing the deductible in CARES. (A large gap of time between the time the certification is completed and the time this form is keyed could mean the entire amount of the bill would be paid if the provider submitted the bill. Notification of eligibility is sent from CARES to Medicaid when the deductible is met.)

This form should only be used if:

- a) The last bill, used to meet the deductible, can be considered for partial Medicaid payment of that bill, and
- b) The person who is being certified for Medicaid incurred the bill.

SECTION I – AGENCY INFORMATION

- 1. **Agency Name**
Enter the name of your agency.
- 2. **Agency Number**
Enter your agency's three-digit code number.
- 3. **Worker ID**
Enter your six-digit worker ID number.

SECTION II – APPLICANT INFORMATION

- 4. **Applicant Name**
Enter the applicant's name (last, first, middle initial).
- 5. **Medicaid ID Number**
Enter the current Medicaid number for the applicant whose bill is being used to determine if s/he has met the deductible.
- 6. **Address**
Enter the applicant's street address, city, state, and zip code.

SECTION III – GENERAL INFORMATION

- 7. **Date of Service**
Enter the date of service which is also the date the deductible was met. This is the same as the date of service on the bill used to meet the deductible.
- 8. **Provider Number**
Enter the provider number of the provider whose bill is being used by the applicant to determine if s/he met the deductible. Provider numbers are available on the Medicaid Program PM screen.
- 9. **Applicant's Share**
Enter the amount the applicant is responsible to pay on this bill.
- 10. **Amendment for Previous Form**
Check "Yes" if this is an amendment to a previous form. Check "No" if this is not an amendment to a previous form.
- 11. **Previous Form Date**
If you checked "Yes" an amendment to a previous form, enter the date of the previous form submitted.
- 12. **Comments**
Enter any comments.

SECTION IV - SIGNATURE

- 13. **Signature**
The agency director or designee must sign this form. Medicaid will not process forms without a signature.